

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

12/92

O. C. C.

ATTACH 2466 F

WELL API NO.

3001500306

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Atoka San Andres Unit

8. Well No.

#114

9. Pool name or Wildcat

Atoka San Andres

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

Chevron U.S.A., Inc. (In transition to Pennzoil)

3. Address of Operator

P.O. Box 143 Andrews, Texas 79714

4. Well Location

Unit Letter K : 1650 Feet From The South Line and 2310 Feet From The West Line

Section 11

Township 18S

Range 26E

NMPM

Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3326 DF

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: Request for continued TA status ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

We request continued temporary abandonment status for subject well due to:

- (1) New operator to study possible future use of wellbore,
- (2) Casing integrity is intact as shown by attached pressure test

12/97

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

A.W. Fields

TITLE

Prod. Foreman

DATE

12-9-92

TYPE OR PRINT NAME

A.W. Fields

915

TELEPHONE NO. 523-2083

(This space for State Use)

APPROVED BY

[Signature]

TITLE

Field Rep

DATE

12/10/92

CHEVRON U.S.A., INC.

DISPOSAL/INJECTION WELL/T&A
PRESSURE TEST REPORT
NEW MEXICO

11/3/92

O. C. D.

1. LEASE NAME: ATOKA SAN ANDRES UNIT
2. WELL NO. 114
3. LOCATION: UNIT K SEC 11 T 18S R 26E
4. COUNTY: EDDY
5. REASON FOR TEST: ☐ INITIAL TEST PRIOR TO INJECTION
☐ AFTER WORKOVER
☒ FIVE YEAR TEST
☐ OTHER (SPECIFY) _____

6. DATE OF TEST: 11/3/92

7. TEST PRESSURE:

| | TIME | TUBING | CASING | SURFACE | INT. CSG. |
|--|----------|----------|------------|----------|-----------|
| | INITIAL | <u>—</u> | <u>500</u> | <u>0</u> | <u>0</u> |
| | 15 MIN. | <u>—</u> | <u>485</u> | <u>0</u> | <u>0</u> |
| | 30 MIN. | <u>—</u> | <u>485</u> | <u>0</u> | <u>0</u> |
| | <u>—</u> | <u>—</u> | <u>—</u> | <u>—</u> | <u>—</u> |
| | <u>—</u> | <u>—</u> | <u>—</u> | <u>—</u> | <u>—</u> |

8. TEST WITNESSED BY OCD: ☒ YES ☐ NO. BLM: ☐ YES ☐ NO
IF YES, NAME OF REP. JOHN ROBINSON

9. OPERATOR COMMENTS ON TEST: _____

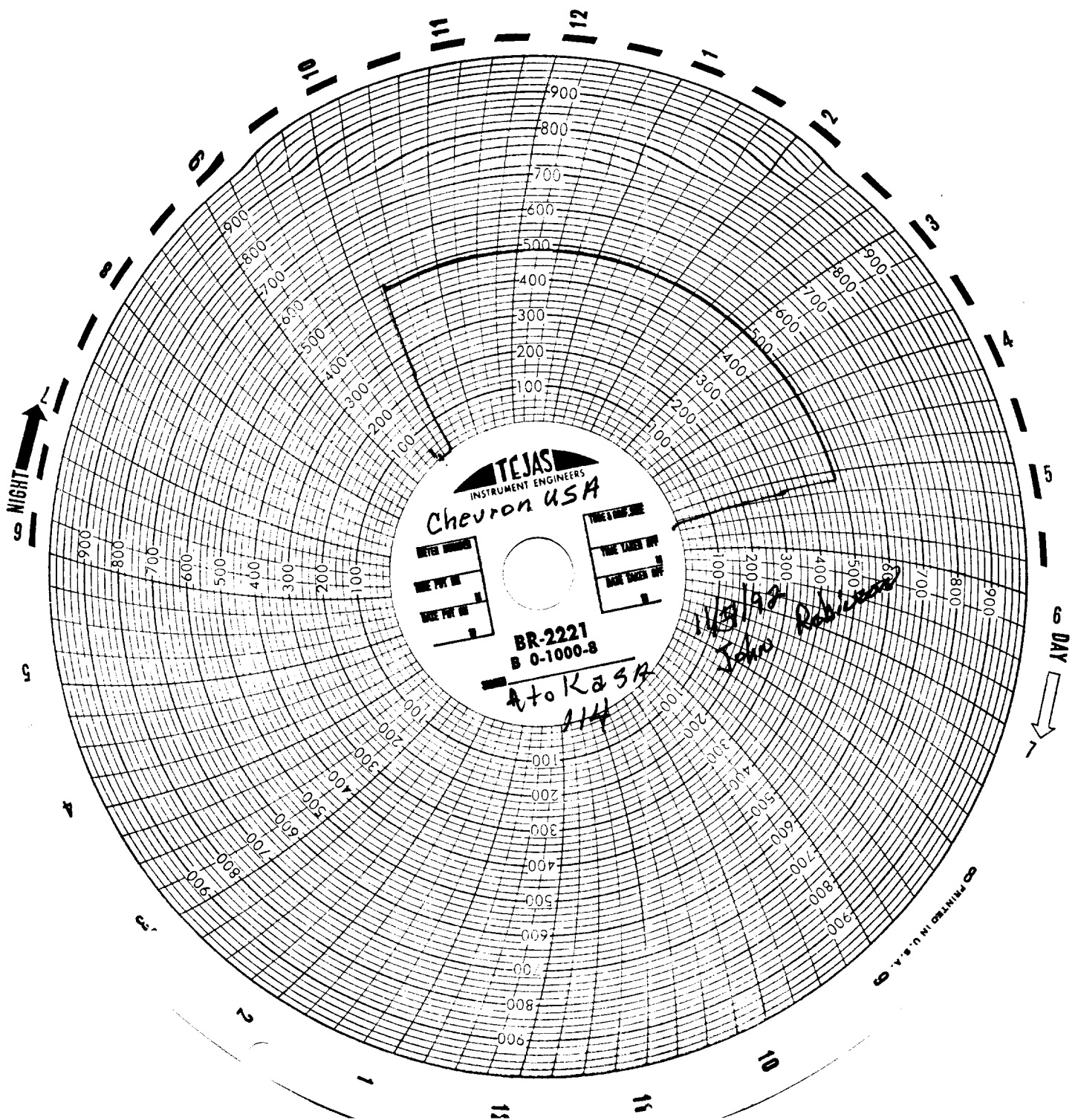
10. WELL STATUS: ☐ ACTIVE ☒ TEMPORARILY ABANDONED ☐ OTHER (SPECIFY) _____

11. CHEVRON REPRESENTATIVE: A. W. FIELDS PROD. FOREMAN
NAME TITLE

A. W. FIELDS
SIGNATURE







Chercon ASAU #114
11-3-92

11-3-92
D.C.D.
FILE